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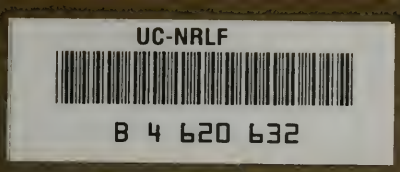

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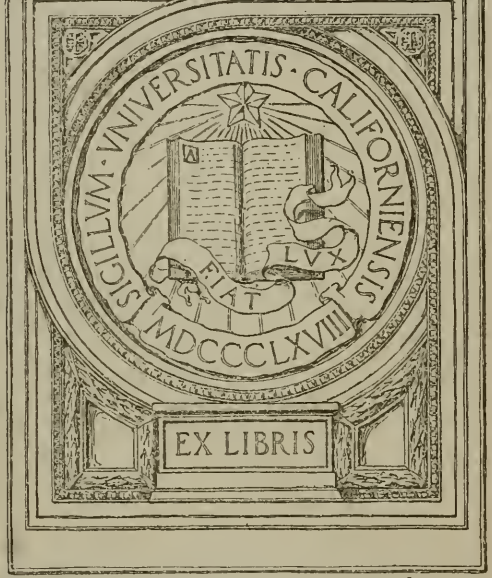
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CERTAIN ASPECTS

OF

PUBLIC MATERNITY AND INFANT CARE

IN

BERLIN AND STOCKHOLM

BY

ELIZABETH PINNEY HUNT

UNIV. OF
CALIFORNIA

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U. C

By

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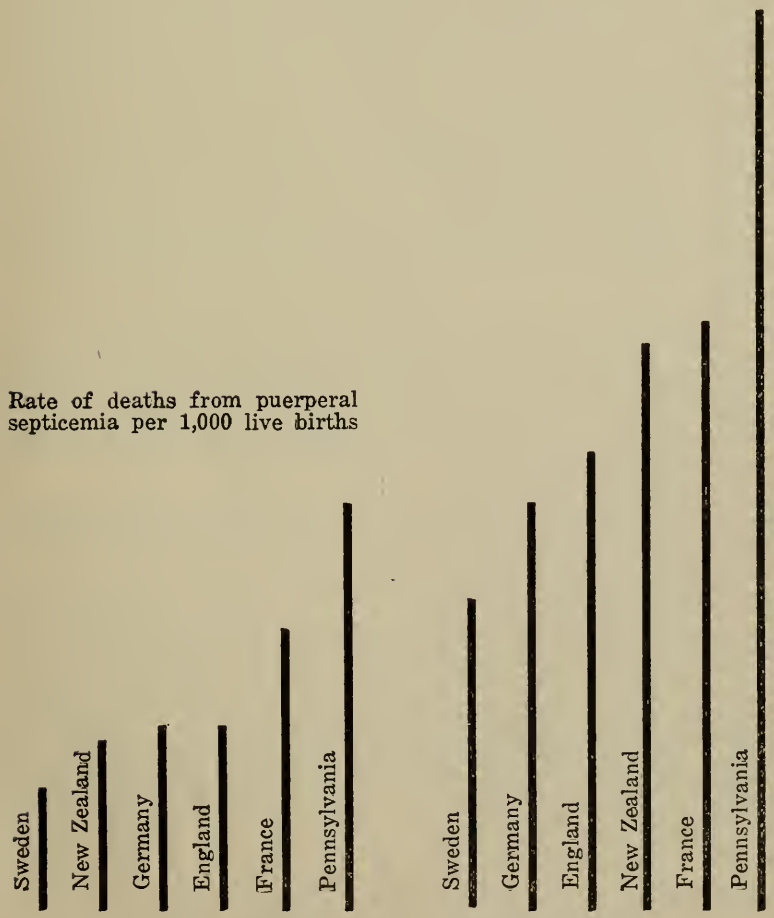
Gift

Deaths from Diseases due to Pregnancy and Confinement, 1910

Rate per 1000 Live Births	
Pennsylvania	7.1
France	4.6
New Zealand	4.5
England	3.6
Germany	3.2
Sweden	2.5

Rate from puerperal septicemia per 1,000 live births	
Pennsylvania	3.2
France	2.2
New Zealand	1.3
England	1.4
Germany	1.4
Sweden	.9

Maternal Mortality, 1910



Source: Compiled from Official Sources.

Introduction

The problem of how best to care for mothers and infants has been before the American public during the past few years. The work along these lines done by the Federal Children's Bureau and the recent enactment of the Sheppard-Towner bill providing for Federal and State Maternity Care, have done, perhaps, most to arouse discussion of the scope of public responsibility. Many charts have been drawn showing how far behind America stands in comparison with other countries in respect to maternity and infant mortality. The trend seems to be, definitely, to arouse a sense of responsibility for these unnecessary deaths on the part of those who are professionally engaged in maternity and infant care, as well as on the part of the general lay public.

A study of the characteristic public work carried on in two large cities of two of the countries showing low maternity and infant death rates, may, therefore, prove timely. As it has been possible to observe personally various aspects of the public work for maternity and infant care in Berlin and Stockholm, a description of such work in these two cities will be, perhaps, valuable.

Where gaps occur in facts and statistics, allowance must be made, in the case of Germany, for a natural reticence due to international conditions since the war. Furthermore, the German institutions have not had sufficient funds in many cases to tabulate and print their more recent data. In Stockholm this latter difficulty did not exist.

It must be remembered that both foreign studies are descriptive only of the conditions found at the time the surveys were made. In Berlin the survey took place in January, 1921, in Stockholm, in November, 1920.

The writer has confined the study to institutions personally visited, and has made no attempt to pass judgment on the medical aspect of the problems involved. The purpose of the short study is to present a fair picture of the outstanding public resources for maternity and infant welfare in Berlin and Stockholm, and of the organization of the administration of these resources. It is the social, not the medical problem that is described.

PUBLIC MATERNITY AND INFANT CARE IN BERLIN AND STOCKHOLM

The statistics relating to maternity mortality in the United States and several of the larger countries in Europe reveal a marked difference in favor of Europe. It is possible that this difference, while due to many causes of race, adaptation to environment, and different modes of living, may be due in part, to a superior organization of the factors involved in the social supervision of maternity and infant care.

Maternal Mortality Rates in the United States and Certain Foreign Countries per 1,000 Live Births

Uruguay (1919)	2.3
Italy (1916)	2.7
Sweden (1916)	2.7
Norway (1917)	3.0
The Netherlands (1919)	3.4
Japan (1918)	3.8
Hungary (1915)	4.0
England and Wales (1919)	4.4
Finland (1918)	4.4
Ontario (1919)	4.5
Ireland (1919)	4.7
German Empire (1918)	4.9
Australia (1920)	5.0
Spain (1915)	5.2
Switzerland (1915)	5.5
France (1914)	5.7
Scotland (1919)	6.2
New Zealand (1920)	6.5
U. S. Birth Registration Area, 1919)	7.4
Chile (1919)	8.8

Source: Compiled from official sources or from Annuaire International de Statistique, by the Federal Children's Bureau Latest figures available, January 1, 1922.

Public Maternity and Infant Care

Before discussing, separately, types of the public institutions in Berlin and Stockholm which deal most prominently with maternity care and infant care, it will be necessary in each city to give a brief outline of the general organization covering the two closely allied divisions of work.

The public work in Greater Berlin for the protection of needy mothers and infants is covered by State, Provincial and Municipal institutions, and by those that are private, with grants-in-aid from Republic, Province, State, or Municipality. With two exceptions the work described in Berlin will be confined to municipal institutions.

The municipal work in Greater Berlin falls under the supervision of two city departments, (1) The Department for Children, and (2) The Municipal Board of Health. The municipal department of greatest interest is the Department for Children, which was founded only as long ago as 1919, and is, at present, undergoing a process of change. It represents an effort to centralize the work done for mothers and children and, in its new plan, which has passed the Municipal Deputation for the Welfare of Youth, and is about to be passed by the Municipal Council, it advances far in the direction of satisfactory centralization.

The general scope of the work of the Department for Children, as now planned, may be summarized briefly.

The Central Department for Children of Berlin, is comprised of three departments:—

I. General Division, which deals with Organization and Information and is located at 33 Altejacobstrasse.

II. Child Care and Guardianship, which is divided into:—

1. Division for Child Welfare, with headquarters at 33 Altejacobstrasse, and consists of four divisions:—

(a) Preventive Care for Children, which deals with the Stations for the Care of Small Children, Day Nurseries, Children's Houses, Foster Children, and Crippled Children;

(b) Welfare Work which arises in Connection with the Police, such as cases of homeless juveniles, and girls in moral danger;

(c) Care of Children Educated Outside of the Family Group;

(d) Care for Delinquent Children.

2. Division of Public Guardianship, with headquarters at 43 Landsbergerstrasse. The Division of Public Guardianship,

founded in 1912, and enlarging its field in 1921, has, in general, for its scope:

(a) The supervision of all needy children, whose parents are either inadequate or deceased;

(b) Pre-natal and maternity care;

(c) Professional care for illegitimate children;

(d) Work connected with the adoption of children;

(e) Legal work arising in connection with its aforementioned duties.

III. Department for Child Recreation, with an office on Neuefriedrichstrasse, covers the work done by the city for children's playground, gymnastics, theatres, music, etc.

The Central Department for Children is reproduced in each of the twenty districts of Greater Berlin. In each district is the District Station, which acts as a bureau of information for the inhabitants of the district, and from which investigators work. The central office has final jurisdiction over all cases.

The Municipal Health Department touches the work for mothers and infants in two of its departments:—

1. The Department of Hospitals.
2. The Department of Social Hygiene.

These two departments exist for Greater Berlin. Each of the twenty districts of Greater Berlin has for itself a Health Division, whose function is to fulfill the orders of the central Health Department.

The Department of Hospitals, has, as the name indicates, the entire supervision of Municipal Hospitals, including those for women and infants. The department of Social Hygiene is engaged in so far as it touches our subject, in the supervision of medical work in the various homes and institutions for mothers and babies—as the medical work in the Public Orphan Home and in the Stations for the Care of Infants.

Under the first department, the Department of Hospitals are the three large municipal houses for maternity and infant care:—The City Maternity Hospital, The Municipal Home for Children and Mothers, and Kaiser and Kaiserin Friedrich's Childrens' Hospital.

Turning now to the general plan of the public work for mothers and infants in Stockholm, a contrast at once is obvious in comparison to Berlin. The organization in Stockholm tends more to decentralization. In several features, however, the in-

stitutions are much alike, though operated under different authorities. The public work carried on may be classified into that falling under (1) The State Health Department; (2) The Municipal Board of Health; (3) The State Social Department, which covers the work of the Board for Child Welfare similar to the Berlin Department of Public Guardianship and the work of the Poor Law Authority, which is not now of importance in Berlin. Grants-in-aid, as in Berlin are given by the State to various private institutions. The institutions in Stockholm, may be grouped, for clearness, as below. · It is obvious that work covered by municipal organization in Berlin, is under State authority in Stockholm.

I. State Department of Health

1. General Maternity Hospital.

II. Municipal Board of Health

1. South Municipal Maternity Hospital.
2. Sachs Baby Hospital.
3. Bureau for the Care of Foster Children.

III. State Social Department

1. Bureau for Child Care.
2. Poor Law Board.
   (a) Municipal Infant Home.
   (b) The Municipal Home for Children at Asogaten.

The above outline of the organization of the most important public work for maternity and infant care in Berlin and Stockholm, leads to a closer examination of particular institutions relating first to maternity care and secondly to infant care.

PART I.—MATERNITY CARE

Department of Public Guardianship

The Department for Public Guardianship, already mentioned, as a division of the Municipal Department for Children, is the outstanding feature of the public work in Berlin for mothers. It touches the work of maternity care in its division for pregnancy and confinement. The course of action occurs somewhat as follows: Women who are pregnant and find need of assistance that their families are unable to provide, may apply for aid to the Department of Public Guardianship. All cases must go through this central office. The story of the woman is heard, and she is then advised. Usually she is sent to a hospital for advice or prenatal care, or if the confinement is due to occur within eight weeks, she may enter a hospital as a working patient. After childbirth she may remain in the ward ten days, after which period she must, in most cases, find other accommodation. If the mother is to be confined at her home, the Division for Public Guardianship provides her with all the necessary articles for her illness, and in all cases gives the infant's layette. All needy pregnant women may receive from the Division for Public Guardianship for three months before confinement, a certain amount of free milk daily. Leaflets describing proper care during pregnancy, as well as proper care for the infants, are circulated among the applicants for help. A list of hospitals which the Division for Public Guardianship may call upon for beds is kept on hand. In each hospital there are from twenty to one hundred beds.

The Division for Public Guardianship gives money in cases of stress and money also goes to confined women from two other sources, (1) The Public Sick Fund, to which all persons whose family income is no more than 10,000 marks a year may belong.* Each member pays a small sum per month, and the State

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*Foreign Exchange Rates—New York on Berlin and New York on Stockholm for a 7-year period. Nominal Exchange quotations for checks furnished by Brown Bros. & Co., Phila.

NEW YORK ON BERLIN:

1915	1916	1917	1918	1919	1920	1921
.2225	.1918	.1756	----	.0895	.0225	.0140
1 Mark	1 Mark	1 Mark		1 Mark	1 Mark	1 Mark

NEW YORK ON STOCKHOLM:

.2537	.2787	.2962	.335	.2925	.2175	.2037
1 Crown	1 Crown	1 Crown	1 Crown	1 Crown	1 Crown	1 Crown

"All of the above quotations are for a date in January in each year with the exception of the New York on Berlin for 1917 and 1918 which records for January are not available." (Brown Bros. & Co.)

pays a definite lump sum. Confined women who are members are entitled to 18 marks a day for ten days after childbirth. Most of the hospitals charge a small sum per day, which may, then, come out of the Public Sick Fund. (2) The second source of income to confined women appears through the Mothers' Confinement Pension Bill which appeared in Germany during the war, (September, 1919). The main features of the bill are necessary to an understanding of its provisions.

National Confinement Pensions

Main Features—As Issued by the Department of Public Guardianship.

A—Help in Child Bed

1. It exists for the woman in child bed, who, for at least six months prior to her confinement, has been insured by the National Pension, as well as by a legal Sick Fund Benefit, or by a Sick Fund of a Friendly Society against illness.

2. It exists for her in the following ways:—

(A) As a contribution toward the cost of confinement to be paid in a lump sum, at one time, from 50 marks up;

(B) As money for child bed above the Sick Fund Money—and, at least 1 1-2 marks daily including Sundays and Holidays for ten weeks; of which four shall fall in the time before and six in the time after confinement. The money for child bed for the first four weeks is due on the day of confinement;

(C) As a money grant of 25 marks for the services of midwife and doctor, in case such should be needed for the delivery;

(D) As a nursing premium, as long as the woman nurses her new-born infant, to the amount of half of her Sick Fund Benefit money or more—but at least 75 pfennig daily, inclusive of Sundays and Holidays, as long as twelve weeks after confinement. If a woman should die in confinement, or during the period of her convalescence, the payments of the National Mothers' Pensions shall still be due, and shall be paid to whomsoever is in charge of the child.

3. The person will be paid through the Sick Fund Benefit, to which the woman belongs.

Help in Child Bed for Uninsured Women

1. It will protect the uninsured wives, daughters, stepdaughters, and foster daughters of insured men, who live in the same household.

1st. If their residence is in Germany.

2nd. If they have no claim on the assistance for child bed, (for example, according to A. I.)

3rd. And if the insured men have been insured against sickness, not less than six months prior to the woman's confinement.

The conditions on which said woman shall receive the pension are practically the same as in A-2. It shall be taken care of by the Sick Fund Benefit to which the male relative belongs.

Care in Child Bed

1. It exists for German women of small means in child bed who have their residence in Germany, and who deserve Help in Child Bed, neither as insured women or as uninsured women related to insured men. By small means is meant:—

(A) A married woman in child bed, whose total income, combined with her husband's during the year or the tax year prior to the confinement, has not exceeded the sum of 4,000 marks. This sum may be increased for each existing child under fifteen years by 500 marks.

(B) An unmarried, or lone woman in child bed, if her total income in the year or tax year prior to confinement has not exceeded the sum of 4,000 marks. This sum may be increased for each existing child under fifteen years by 500 marks.

2. The conditions of payment are practically the same as in A-2.

This carefully classified bill for help in confinement and nursing is designed to bring relief of a constructive nature (1) to women of limited income who have taken the precaution to insure themselves; (2) to women of a limited income whose male relatives have insured themselves; (3) to women of small income who have no claim on insurance either through themselves or their male relatives. It does not omit, therefore, destitute cases, and it stimulates women of small income to insure themselves. It relieves men of limited income who look ahead far

enough to insure themselves, by assisting their dependents through confinement.

Stockholm possesses no such pension system. Furthermore, the Board for Child Welfare in Stockholm has no division which takes care of pregnancy and confinement as does the Berlin Department for Public Guardianship. The similarity of these two Boards lies in their work for illegitimate infants, which will be discussed later.

Maternity Hospitals

There are two maternity hospitals in Greater Berlin that demonstrate clearly the nature of the work of the public hospital for cases of pregnancy and confinement. One is the City Maternity Hospital. This Maternity Hospital at Charlottenberg is the only maternity hospital in Berlin supported and run by the City. It is a decidedly well equipped institution, housed in a large grey cement building, three stories high, constructed about an open garden or court. The interior is colored in white and tan—plaster walls, and tiled floors. The equipment is quite modern in all details, as the place was finished only in 1913. The organization, however, is not new, and its maternity division existed formerly in a less fine home in another part of the city.

Seven resident doctors and forty trained nurses are in care of the 200 women patients and perhaps 100 infants. The cases are cases for confinement or for gynecological treatment. There is a special operating room for gynecological cases as well as two rooms for delivery cases. (It may be noted here that both in Sweden and Germany, deliveries are executed on the bed, not on operating tables, as is the case in the more modern American hospitals).

The patients are required to pay 12 marks a day. If the individual is too poor to afford this amount the Public Sick Fund, or the Social Welfare Deputation meets the fee* No certificate or recommendation from any authority is necessary for admission to the hospital. Both married and unmarried women are taken and the rooms are arranged to accommodate from two to ten persons. The infants are not kept in separate nurseries, as is done in the Kaiserin Auguste Victoria Haus. One finds in Sweden too that the infants and mothers remain in the same ward or room together.

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* The Social Welfare Deputation is the converted Poor Law Board.

After the mothers leave the hospital they may proceed, if destitute, to the various private homes for women and their babies, or to the Westend Home for Children and Mothers, which belongs to the City.

Unlike the City or State Maternity Hospitals in Stockholm, the Berlin Maternity Hospital provides for pre-natal care. A clinic is held twice a week, to which pregnant women may come for examination, advice, and minor treatments.

(It was not possible to secure the cost of the hospital to the city).

The amount of work that this hospital does is clear from the following statistics taken from the hospital books. In 1919, 1440 women were admitted. The living born numbered 1043, the dead born 44. Deaths of infants after birth were 50. There were 66 gynecological cases in 1919 and 413 abortions.

The most famous maternity hospital in Germany is the Kaiserin Auguste Victoria Haus, also at Charlottenberg. This Hospital, Home, and Training School for the care of mothers and infants exists for the purpose of providing the most scientific treatment for four types of cases. It treats diseases of pregnancy, normal confinement cases, healthy children whose mothers are at work, and ill children. In addition it serves as a training school for 100 women, who, after a year's course in the hospital, try a State examination, and if successful may hire themselves out as professional infant nurses.

The Hospital divides its patients into 1st, 2nd, and 3rd classes, according to the bed occupied by the patient. Unmarried women about to become mothers, may enter the Hospital three or four months previous to confinement, working in the meantime to pay for their board. After childbirth such cases may remain so long as a year, provided they perform adequate work.

The Hospital is in the medical charge of five resident and ten visiting doctors, two midwives, and forty trained nurses. No operations are performed in the Hospital, and complicated confinement cases are not taken. A pre-natal clinic, supported by the City, is maintained in connection with the Kaiserin Auguste Victoria Haus, open twice each week, where women may go for examination and advice.

The physical environment of the place is beautiful. The

large, finely designed building of gray cement is set in attractive grounds, and all details are maintained with taste.

The Foundation which supported this center of science for maternity and infant care is private, and until 1914, received no aid from the public. Since that date, however, the Republic pays 250,000 marks a year; a small sum, when one considers that the annual cost for maintenance is 3 1-2 million marks a year.

The Kaiserin Auguste Victoria Haus performs an important function in Germany, as a leader in propaganda work for general education in hygienic maternity and infant care. Pamphlets and leaflets are issued on these subjects and it is seen that such information reaches the hands of those who should have it, by the use of the Birth Registration offices, as distributing agents. A magazine for doctors and nurses is issued monthly, called, "Säuglinge-und-Kleinkinderschutz," which treats the problem from a scientific standpoint.

The statistics published by the Hospital which are of interest follow. The report is dated from April, 1918 to 31st March, 1919.

A—

1. Women. (Not including confinement cases)

	Married	Unmarried
At the beginning of the Report Year.....	6	28
New cases	216	100
	222	128
Total		350

2. Confinement Division.

At the beginning of the Report Year.....	7	11
New cases	201	70
	208	81
Total		289

B—

Children.	Legitimate	Illegitimate
At the beginning of the Report Year.....	65	72
New cases	803	193
	868	265
Total		1133

(Deaths for women are not given in the Hospital Report. Of the sick children numbering 768 of the total 1133, 148 died.)

In Stockholm public hospital care for maternity cases is covered by the two large institutions operated by the State and Municipal Health Departments respectively. They correspond in general characteristics to the City Maternity Hospital in Berlin. Their main differences lie in the fact that they do not pay as much attention to the pre-natal clinic. The General Maternity Hospital, existing under the State Health Department, may be used by women from any part of Sweden and is supported by the State. The income from a capital fund which has been accumulated gradually through gifts makes up part of the total budget. The hospital was founded in 1775, and the new building which is located on high ground not far from the Stadium, on Planterhagsvagen, was erected in 1913. This new hospital is a large white cement building of rectangular proportions, constructed about an open courtyard, thus affording light to all rooms and corridors. It accommodates about 100 patients who in the main are drawn from the poorer groups in Stockholm, whose treatment in the hospital is free, and whose only requisite for admission is a birth certificate from their respective parish registrars. For the care of the women there are seven graduate nurses and four doctors. Besides these superior persons are ten nurses in training and twenty-five medical students who live on the upper floor of the hospital, and work in the hospital for four months between the third and fourth years of their medical course, as a part of their obstretical and gynecological training.

The interior arrangements and equipment of this modern maternity hospital are excellent in all details. Unlike the Berlin City Hospital each maternity patient has a separate delivery room. After the delivery the mother and infant are removed to the convalescent ward, which holds from one to six patients. The operating rooms are large, light, and perfect in their accessories. One ward of the hospital is given over to gynecological cases. Among the hospital's patients are many cases of criminal abortion which are frequent in Stockholm. The number of abortion cases in the hospital in 1919 were 630 with eight deaths.

Statistics for the hospital for 1919, as given in the year book of Stockholm's Municipal Board of Health, are as follows:—

Total entered	2638
For delivery	2429
Under 20 years	126
Under 20-30 years	1449
Under 30-40 years	733
Over 40 years	121
Other cases	209

Children born—

Living at full term	1710
Living before term	62
Dead born full term	35
Dead born before term	15
Miscarriages	630

Total Cases—

Deliveries without abortions	1799
Abortions	630
Other cases	209
	2638

In 1919 the hospital reports:

Total expenditures	339,061.04 Cr.
Paid by State	316,694. Cr.

The hospital makes no specialty of pre-natal work. Women may go there for advice and examination during pregnancy, but no emphasis is laid on this phase of care.

Adjoining the hospital is a private home for the care of mothers and babies who, after their eight or nine days in the hospital, have no place to go. There are places for fifty such mothers and they may remain in this shelter for six weeks, after which time they must seek other accommodations. In general such women find a position for work at the end of the six weeks, while the infant, usually illegitimate, is boarded out by the Poor Law Authorities.

The work done by the General Maternity Hospital from the social standpoint, needs no comment. It supplies scientifically and effectively a constant demand in the city. There are but two criticisms that are in point—that no pre-natal maternity clinic is maintained; and that the patients are kept in the hospital too short a time after childbirth. As the Swedish women are exceedingly strong, these two defects in the hospital work apparently do not have far-reaching effects.

The other large public maternity hospital in Stockholm under the City Board of Health, the South Maternity Hospital, is distinctly a city institution. It derives its support largely from the city and from the income of the small charge on patients and a small amount of capital owned.

The hospital is a spacious yellow cement construction, well adapted to its needs, though it is not as modern as the State Maternity Hospital. Each woman has a separate delivery room, being moved afterwards to the general wards. The patients remain in the hospital ten days. The charge for Stockholm women ranges between 3 and 12 crowns a day, according to the desirability of the bed. Most of the women are from the City of Stockholm, but they are permitted to enter from other parishes, in which cases the rate ranges between 7 and 8 crowns a day.

In charge of the hospital work is one supervising doctor and his assistant, beside four midwives. In addition there are sixty women in training for midwifery who remain in the hospital one year, after which time, provided they pass the state examination and are licensed under the State Board of Health, they are sent out by said State Board to various communes in Sweden. A trained midwife is appointed for each district. The district, a classification made and used by the State Department of Health on the basis of population, is a division of a county and represents about 3000 persons. The state pays each midwife the small annual sum of 800 crowns. From her patients she receives from 15 to 25 crowns for each delivery—an extremely small amount for the responsibility involved. In the cities a midwife may charge as high as 150 crowns, and in Stockholm the City Health Board pays in addition to the state wage 10 crowns for each confinement case. In cases that are not normal the midwife is required by law to call in a doctor. In order that the elder group of midwives may not suffer by the progress in obstretical science, repetition courses for their bene-

fit are held every ten years at Göteborg and Stockholm, for a period of fourteen days. Since in the country almost all of the women are delivered by midwives, and there is only one other such training school, namely at Göteborg, the work done by this hospital is, in this respect, particularly, of importance.

Statistics of interest as given by Stockholm's Municipal Board of Health for 1919 show:—

Children born—

Living born full term	2182
Living born before term	150
Dead born full term	33
Miscarriages	528

Total cases—

Deliveries without abortions	2350
Abortions	528
Other cases	343
	3221

Total cost	441,860.18	Cr.
Cost to City	327,061.	Cr.

STOCKHOLM MATERNITY HOSPITALS

Hosp.	Total Cases	Total Deaths	% of Deaths to Total	Deliveries	% to Total Cases	Abortions	% to Total Cases	Live Births	% to Deliveries	Premature Births	% to Deliveries	Still Born	% to Deliveries	Total Cost	Cost to Public
State Mty. Stkm.__	2638	24	0.91	1799	68.2	630	23.9	1772	98.5	62	3.4	50	2.8	339,061.04 Cr.	316,694 Cr.
City Mty. Stkm.____	3321	22	0.68	2350	72.9	528	16.4	2332	99.2	156	5.22	52	2.2	441,860.18 Cr.	327,061 Cr.

PART II.—INFANT CARE

The institutions in Berlin and Stockholm pertaining more definitely to the care of babies, while of necessity a part of the care for maternity, may be dealt with as organizations designed for the protection of infants and young children, since the emphasis is placed on that aspect of the dual problem. As in regard to maternity mortality, the statistics for Sweden and Germany for infant mortality exhibit results that might indicate the superiority of the social machinery that operates for the care of infants. Hence it may not be useless to survey briefly the typical organizations in Berlin and Stockholm confined to this phase of the work.

Infant mortality rates for certain foreign countries and United States per 1,000 live births

Chile (1919)	306
Hungary (1915)	264
Bavaria (1918)	203
Japan (1918)	189
Spain (1918)	183
Italy (1916)	166
Germany (1920)	135
Prussia (1919)	121
France (77 Depts., 1919)	119
Finland (1918)	115
Scotland (1919)	102
Uruguay (1919)	101
Ontario (1919)	96
Denmark (1919)	92
Ireland (1919)	88
U. S. (Birth Registration Area, 1920)	86
Netherlands (1919)	84
Switzerland (1919)	82
England and Wales (1920)	80
Sweden (1916)	70
Australia (1920)	69
Norway (1917)	64
New Zealand (1920)	51

Source: Compiled from official sources or from Annuaire International de Statistique by the Federal Children's Bureau. Latest figures available, January 1, 1922.

Departments of Public Guardianship

As mentioned before, the prominent administrative organ dealing with children, and existing in both Berlin and Stockholm, is that for the protection of the illegitimate child. In Berlin it is the second section of the Division of Public Guardianship, and in Stockholm, the Board for Child Welfare. A short description of each organization will reveal the points of similarity and dissimilarity.

In Berlin, when an illegitimate infant is born the local City Registrars are required to report the birth to the Division of Public Guardianship, which thereupon, immediately appoints a Public Guardian for the child. This guardian supervises the development of the child until it is twenty-one years of age. There are twenty-four Public Guardians in Berlin, each of whom has in his or her care about one thousand children. It is furthermore, the duty of the Public Guardian to see that the father makes the payment to the mother of the child, that is required by law. In 1920 eight million marks were taken in by the Division of Public Guardianship and paid over to unmarried mothers. This amount of money was paid by the unmarried fathers according to legal regulation.

If, after the period of confinement, the mother and infant are destitute, there are several homes partially supported by the City, to which the pair may be sent to remain for varying periods of time. There is one notable municipal home for Children and mothers, The West End Municipal Home for Mothers and Children at Charlottenberg, which costs the city a considerable sum to run, since it has place for ninety mothers and one hundred and sixty children, with one resident doctor, twenty-eight trained nurses, and eight teachers.

If the mother is to be separated from her baby, through force of circumstance, the infant is sent to the Municipal Orphan Home or to a partially private home until a place in a family is found for the child. In 1920 the Division of Public Guardianship in Berlin handled 19,176 cases. (It was not possible to secure figures of cost to the city).

In Sweden the administrative agent for the purpose of guarding the illegitimate child is the local Board for Child Welfare, an authority which was created by law in 1902, and came into existence in 1903. A Board for Child Welfare exists in

each parish in Sweden. These Boards are under the supervision of the State Social Department. The province of the Board for Child Welfare is to supervise and care for (1) morally defective children and (2) children born out of wedlock. The second division has been in operation in Stockholm since 1918.

In Stockholm the division of the Board for Child Welfare, which deals with illegitimacy, has its headquarters in an office at Hamngatan 36. About one third of the budget is carried by the state and two thirds by the city. This central office deals with illegitimate children for the entire city. The important members of the staff are a head inspector, who acts as supervisor, thirty salaried and eighty-five volunteer Public Guardians, or persons who are directly in charge of the individual children. The birth of an illegitimate child is reported to the central Board by the pastor, who is official birth registrar of the parish in which the child is born. If the child has been born in a hospital, both the hospital authority and the parish pastor must send word of the birth. Midwives and doctors are legally liable to notify the pastor when they have delivered an unmarried mother. As soon as a case is reported a Public Guardian is sent to take the situation in charge permanently.

The first duty of the Public Guardian is to have the father of the child identified. The mother's word, regardless of the type of person she may be, or what her reputation is, is accepted at first as a guide to action. If the man denies parentage, the matter is brought to court under the law. If the father acknowledges paternity a standardized printed form is filled in and signed by him in the presence of the Public Guardian as acknowledgment that he is the father, and as a pledge to support the child according to the provisions of the law. One man is held responsible for fatherhood even though there have been several men involved. If the man selected by the mother as the father of her child is in another city or country, he is subject, nevertheless, to the law and may be traced by police or consuls. If he is in an occupation that carries him out of Stockholm, and one the wage of which is paid from Stockholm, the amount for the support of the child may be subtracted from the wage before payment.

The duty of the Public Guardian, once the father has been apprehended, is to watch the education of the child and to follow up the payments of the father. The Public Guardian is

supported in all his duties by legal right. That the system as outlined has been fruitful in results is evidenced by the following statistics.

Number of cases supervised 1919.

Carried over from previous year		1507
New cases during the year		1697
Total cases handled in 1919		3204
Cases closed during the year:		
Because of the marriage of parents	163	
By the death of the child	199	
Transfer of child to another source of protection	112	
For other causes	17	491
		2713
Number of cases in which paternity was established	2076	
Number of cases regarding paternity which were dropped as incapable of being settled	237	
Number of cases in which paternity was not settled at the end of the year	400	2713

(Derived from the Statistical Yearbook of the City of Stockholm, 1920)

A certain decentralization of delegated authority in the care of the illegitimate child exists in Stockholm through the overlapping provinces of the Poor Law and Municipal Health authorities. When a child is boarded out in Stockholm it comes under the supervision of the Bureau for the Inspection of Foster Children, of the Municipal Health Department, as well as under the supervision of the Public Guardian, unless it be boarded out by the Poor Law Board, whereupon it is in charge of the Poor Law Board as well as the Public Guardian.

Destitute cases are maintained usually in the Poor Law or semi-private institutions at a nominal, or, if necessary, no charge, for a limited period until permanent arrangements can be made. Usually the period of respite for the destitute mother, during which time she is restored to health and efficiency, lasts

for about a year after the birth of the child. At the end of this time either a position is found for the mother where she may keep her baby with her, or the child is boarded out in a carefully selected family and the mother finds work alone. In general it seems to be true that the great majority of illegitimate children are boarded out and the mother goes to work. The Board for Child Welfare maintains five institutional homes for children where they may receive temporary shelter for varying periods of time. (See note * and **).

In Berlin the decentralization apparent in Stockholm does not exist. The Division for Public Guardianship is a part of the central Department for the Welfare of Children and is responsible alone to that authority. The inspection of foster children is carried on by a division also of the Department for the Welfare of Children, whereas in Stockholm, the Municipal Health Board asserts control.

Municipal Clearing House for Foster Children

The Municipal Orphan Home at 33 Altejacobsstrasse, in Berlin, is typical of work done both in Berlin and Stockholm, as a clearing house for children who are to be placed out.

This Orphanage, supported entirely by the Municipality, and supervised by the Department for the Welfare of Children, is a home and clearing house for about fifteen thousand children, who are, or are to become, temporarily or permanently, foster children. These children are by no means all orphans in the strict sense of the term, but are situated so that it is necessary for them to be boarded out with a family, or to be cared for in the Orphan Home. The children come to the Home through the Department for Social Welfare, or from the Division of Public Guardianship, and remain in the Home not longer than

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* Guinchard—Sweden, Land and People, Vol. 1, p. 163. In the years 1901-10, 33.6% of the children born alive in Stockholm were born out of wedlock.

** Statistical Yearbook for City of Stockholm, 1920 Table 29, Births in Stockholm.

Year	Living Born	Legitimate	Illegitimate
1902	7426	4993	2433
1907	8153	5342	2811
1912	7436	4717	2719
1917	6634	4618	2016
1919	5887	4287	1600

the two or three months they are waiting to be boarded out with foster parents, who will be paid for their care.

The Orphan Home and its adjoining house, the Asylum for Children, have room for three hundred children, of whom perhaps forty are ill children, receiving medical attention, one hundred and seventy are infants under a year old, and the remainder are healthy older children awaiting their new homes. No infants are turned over to foster parents from the Orphan Home before reaching three months of age. In immediate charge of this group of children are six doctors, four graduate nurses, and sixty-one women helpers for the Orphan Home; for the Aslyum for Children are the same doctors and forty women helpers.

The building of the institution was erected in 1907. (The organization dates back to 1850). The house is of gray cement, five stories high, and constructed about a court yard, The interior walls are painted dark green, and in comparison to the bright Swedish coloring of similar places, the atmosphere within the home is sombre. The general condition of plaster, woodwork, floors, etc., is poor, due, of course, to the scarcity of money since the war. The enforced economies have affected more important items than physical environment, however, as one saw by a glance at the meal of yellow potato soup that the children were eating for dinner.

The Orphan Home maintains a clothes room, where outfits of new clothing for children of all sizes from infancy to fourteen years are stored. The clothing is purchased by the Orphanage,—a contrast to a similar institution in Stockholm, where clothing is made in the sewing room, and affords work to poor women who are known to the Poor Law authorities. The clothes were of as good quality as could be expected, under the severe economic conditions in Germany.

The Orphan Home maintains three teachers for boys and two for girls, so that all waiting children of school age have their proper lessons in well fitted school rooms.

The Asylum for Children, already mentioned as under the same supervision as the Orphanage, and for all practical purposes existing as a part of that institution, is an institution which in addition to municipal support, receives an income from the Schmidt-Gallisch Foundation, left for the purpose. The asylum, housing infants only, with beds for one hundred and twenty, is of the finest modern equipment and construction,

built in 1915, attractively decorated and in rather marked contrast to the Orphan House. The infants are separated in groups of two or three by glass compartments, so that less danger of infection exists. The children are in charge of the same doctors as work in the adjoining Home and are destined to be foster children.

The general statistics for the two above institutions, dated April 1st, 1917, and covering the preceding year, published by the Municipal Council of Berlin, are given below.

General Statistics

From April 1, 1916 to April 1, 1917

	Male	Female	Together	Contrasted to April 1, 1916 + more — less
(a) Parentless	5368	4481	9849	— 452
(b) Taken out of evil surroundings	3226	1820	5046	+ 819
(c) Children of the unemployed	12	10	22	+ 10
(d) Children of the S. G. Found	29	29	58	— 23
Total	8635	6340	14975	
On April 1, 1916	8263	6358	14621	+ 354

It will be observed by the Table that three hundred and fifty-four children were added in 1917 to the total already in the care of the Orphanage and the Department for the Welfare of Children. That is, in the year ending April 1st, 1917, 14,975 children were destitute children of the Department of Child Welfare of the City of Berlin or were children cared for in the Orphanage by foster parents.

Clinics and Milk Stations

The Stations for the Care of Babies in Greater Berlin are institutions unlike any in Stockholm. There are ten in the city and each serves the purpose of hospital clinic, milk station and family physician.

The particular station under discussion is located at 10 Badstrasse. It is a new building, having been finished during the war, of gray cement, three stories high, and of comfortable size. It is maintained by the City under the direction of the Department for the Welfare of Children. On the ground floor are the doctors' private offices, the large entry hall, and the separate entry and room for contagious cases. This latter room is

divided by glass partitions for protection against infection. On the second floor are dressing room, weighing room, two examining rooms, operation room, and business office. On the third floor are the bedrooms of the nurses and the milk kitchen which is equipped with the most modern contrivances.

Three doctors spend two hours each a day at the Station, and seven nurses and helpers do the general work. These individuals examine during a year as many as 2500 infants, and 1500 children between one and six years.

The function of the Infant Station is to examine, advise, and treat children between birth and six years of age, who are too poor to obtain other medical help. Mothers may come here with their children without recommendation or certificate from a public authority, and all treatment is free. For the milk that is dispensed the recipients pay a low price.

One of the important functions of the work is to act as a propaganda center for the encouragement of breast feeding. The Stations are the centers from which the nursing premiums granted by the State are distributed. This money is paid every three months.

The system of Stations for Infant Care is not new in Berlin, dating back at least fifty years.

Statistics of the cost of the nine stations existing in 1915 as given by the Statistics of the Council of Berlin are:

Stations	Nursing Premium	Milk	Officials	War Tax	Rent	Upkeep	Total
1	17,189	17,680	12,999	908	5,600	5,296	59,672
2	13,010	9,046	12,165	881	1,792	5,873	42,767
3	13,709	12,241	12,828	917	980	3,255	43,930
4	15,241	24,134	10,869	768	3,200	3,355	57,567
5	10,887	25,131	11,782	896	5,000	4,919	58,615
6	12,259	13,940	11,783	768	2,100	3,999	44,849
7	17,859	23,218	11,959	840	1,815	4,022	59,713
8	16,135	20,883	13,252	1,058	2,628	4,081	58,037
9	11,251	19,671	11,746	1,004	2,310	3,181	49,163
Marks	127,540	165,944	109,383	8,040	25,425	37,981	474,313

Stockholm has an Association of Milk Stations, which, as a partly public organization, supplies the demand for which milk depots exist. There are six milk stations for infants, Katarina's Milk Depot, Skanagatan 72, Adolf Fredrik's, Vidargatan 4, Kungsholmen's, Drottningholmsvagen 12-A, Ostermalm's, Frej-

gatan 3, Jakob's and Johannes', Döbelnsgatan 38-B and Brannkyrka's, Skoldgatan 3. These milk depots are for the purpose of overseeing the first year's development of babies, of providing proper milk and milk formulas for them, and of giving the mothers general valuable advice. The cost of the stations is borne in part by the city, through the Poor Law Board and the Health Department. It may be of interest in this connection to present the income figures for 1919 of one representative station:—

Jakob's and Johannes' Milk Depot Income for 1919:

From the Poor Law Board.....Cr.	3,417
From Johannes' Parish	1,200
From Jakob's Parish	1,200
From the Association of Milk Stations..	4,500
Gifts	120
Annual Fees	507
Interest	297.59
Payment for milk	1,134.39
Payment for bottles	65.60
Rents	120
Board of Health	3,549.25
Total	16,109.83

The central association which contributes Item four in the account just given is a private organization composed of members who through a board consisting of representatives from each of the stations, plus a doctor who is president, act as managers and organizers of the stations.

Statistics for the year 1919 as given in the brief annual pamphlet issued by the association are:—

Stations	Total Infants	Deaths	Per cent. of Deaths to Total
Katarina's	180	4	1.7
Adolf Fredrik's	102	0	.0
Kungsholmen's	183	1	.5
Ostermalm's	118	1	.9
Jakob's and Johannes' ..	95	2	2.1
Brannkyrka's	258	3	1.2
Total	936	10	1.1

The stations are used by the wives of working men and usually these women can afford to pay 1 crown for a visit, which includes milk. Of the sixty-three women who were attending the Ostermalns Milk Station in November, 1920, but four were unable to pay. If the infants are breast fed no charge is made for care given at the station. To encourage mothers to give their babies breast milk only, the city, through the milk stations, pays 45 crowns a month to women who nurse their infants. One trained nurse and an assistant presided at Ostermalms Station, and the doctor made two visits a week. The attending doctor is paid 1000 crowns a month for his work in a local station.

Children's Hospitals

In Stockholm the Sach's Baby Hospital is a typical example of a first-class public children's hospital. It is supported by the City Board of Health. It was built in 1911 at Arstalunden, Stockholm, beautifully located on the side of a hill overlooking the Hammarbyleden River, and Lake Mälaren. The hospital was erected with private money and then presented to the city of Stockholm. It is a modern building of modern equipment. It contains fifty-four beds for sick children under two years of age, in charge of whom are two doctors, three trained nurses, twelve women in training, and eight wet nurses. There is also room for six mothers in cases in which infants are taking breast milk. Children with contagious diseases are not admitted.

Babies are brought to the hospital by no particular authority. Poor families may keep their infants in the hospital without charge, provided they demonstrate their inability to pay by presenting a parish certificate from the local Poor Law Authorities to this effect. Children of more well-to-do parents pay 3 crowns a day, and if the mother remains with the child 1.50 crowns a day in addition. Wet nurses remain in the hospital one year, receiving 30 crowns per month, and board. After children leave the hospital their parents are encouraged to bring them back for examination and advice, in order that adequate follow-up work may be done.

In 1919 the support of this institution was divided as follows:—

From patients	17,588 Cr.
From the City	172,585.95 Cr.
Interest on gifts	6,318.67 Cr.
Other receipts	539.33 Cr.
	197,031.95 Cr.

Further statistics from the 1919 Report of the Municipal Board of Health are:

PATIENTS

Left from Preceding Year	Entered	Departed	Deaths	Remaining at end of year
42	337	289	49	41

Deaths in % of admissions	Days in hospital	Average Days for patients	Average Number of patients
14.54	17,700	52.5	54

Kaiser and Kaiserin Friedrich's Children's Hospital, entirely supported by the City, is the foremost children's hospital in Berlin. The hospital was founded and built by an association of citizens, but was adopted by the City, at least a decade ago. The cost to the City for the maintenance of the place, which provides four hundred fifty beds for ill children up to fourteen years of age for all general and contagious diseases, as well as a bacteriological division, and an equipment for Roentgen Rays, was in 1920 about 5 1-2 million marks.

The hospital consists of a group of red brick houses, built on a small campus. The system provides a separate pavilion for each disease of a contagious character, and a pavilion for general illness.

The patients are cared for by two doctors who act as directors, and by twenty-seven internes, of whom ten live on the premises. The nursing is done by one hundred trained nurses and there are seventy domestics for general work. The patients come in as individuals, not necessarily recommended by any authority. The patients who are residents of Greater Berlin must pay 6 marks a day, and 12 marks a day if they are not residents of the City. The cost to the City per patient is 50 marks a day.

In 1920 the hospital cared for 3300 patients, of whom 770 died. The Director, Dr. Finkelstein, informed the writer that there existed in the hospital in 1920, twice as many cases of tuberculosis as before the war, and four times as many cases of ricketts. The smaller income group are at present unable to provide nutritious food for their children and the result may be seen in the too many small patients suffering from malnutrition.

STATISTICS FOR CHILDREN'S HOSPITALS
BERLIN—STOCKHOLM

Hospital	Admissions	Deaths	Deaths in % of Admisisons	Total Cost	Cost to Public	Year
Sachs Baby Hospital, Stockholm	337	49	14.54	197,031.95 Kr.	172,585.95 Kr.	1919
Friedrich's Hospital, Berlin	3300	770	23.3	5,500,000 Marks	5,500,000 Marks	1920

The following table is derived from "Infant Mortality in Berlin During the War and Later," by Prof. Dr. H. Silbergleit, Director of the Statistical Bureau of the City of Berlin. (Pub. 1920).

The Development of Infantile Mortality in Berlin From 1870—1919

	Living Born			Deaths, exclusive of Dead Born			Deaths Children Under 1 yr in % Living Born		
Year	M.	F.	Total	M.	F.	Total	M.	F.	Total
1870	15629	14749	30378	5548	4526	10074	35.50	30.69	33.16
1880	22391	21742	44133	7548	6290	13838	33.71	28.93	31.36
1890	25362	24084	49446	6951	5672	12623	27.41	23.55	25.53
1900	25568	24268	49836	6505	5257	11762	25.44	21.66	23.60
1910	22704	21487	44191	3862	3074	6936	17.01	14.31	15.70
1915	16023	14977	31000	2324	1939	4362	15.12	12.95	14.07
1919	14596	13233	27829	2081	1582	3663			

The German institutions described above cover in the main, types of Municipal work and of work aided by the Municipality for needy mothers and infants of Greater Berlin. An example of an institution providing care for mothers and babies that is under other than City control, but still not wholly private, may be of interest. For work supported by the State of Prussia, the great Charity Hospital on Schumannstrasse stands foermost. This hospital, under the direction of the University of Berlin, and serving as a school for medical students, as well as a public benefit and scientific center, cared for 1652 patients in its Maternity Division in 1920. The patients pay small sums. A clinic is held weekly for pre-natal advice. The hospital is old, and the equipment not of the best; for instance, the delivery room is for eight women but "Die Wissenshaft" is unexcelled. The Children's Ward of the Charity provides one hundred beds for infants under one year.

As an example of work supported and supervised by one of Prussia's twelve provinces, is the School for Midwives at Neue Köln in Greater Berlin.

There are two private institutions in Stockholm, and one semi-private institution, which are doing excellent work and may be studied as valuable models even though they are not public property at present.

The Engelbrekt Day Nursery and Housekeeping School, founded in 1910, and governed by a Board of Women Trustees, has its home in a modest wooden house at 102 Valhallavägen, a point within easy walking distance of the inhabitants of Engelbrekt parish, which contributes generously to the support of the home, paying about 5000 crowns a year. The city contributes 10,000 crowns a year, 2,000 more crowns are received annually in gifts, and the remainder of the total annual running cost of about 4,000 crowns, is met by the fees charged the students in the school, and fees charged for the care of the children, along with other funds raised by various committees.

The house accommodates twenty infants, thirty-five children between two and seven, thirty-six students and six teachers. The children are kept from seven a. m. to six p. m. and are charged 50 öre a day per child from the Engelbrekt parish. Children coming from outside of the parish must pay a little more. The children are under the medical supervision of a visiting doctor who in addition to the general care of the children prescribes all milk formulas for infants. The bottles are made up at the nursery and taken home at night by the mother. No ill children are received, and the students are submitted to a thorough medical examination before they are permitted to take the course which necessitates the handling of the infants.

Children are ordinarily sent to the nursery either by the Parish Poor Law Board, the Parish Pastor, the Parish Sister, or the Public Guardian. All mothers, to enter their children, must show a certificate that they are in need of the kind of care the nursery offers, signed by the Parish Clerk.

The girls who work at the Engelbrekt School learn the essentials of housekeeping and baby care, and for the course pay 70 crowns a month. The courses are from five to ten months in duration, after the completion of which positions are found readily for the graduates.

The advantage of this combination Training School and Day Nursery, over the day nursery as it is known commonly in the American community, is that the children supply the material for the schooling of girls in the proper methods of how to care for the young child. This plan has worked out very satisfactorily in Stockholm, and the nurses trained in such institutions are in demand as trained child nurses. The teachers are experienced in domestic science, and the principles of hygienic child care, and the attending doctor gives instruction as he examines

the children and prescribes formulas and diets. In this way the students become proficient in general housework, including simple cooking, and primarily in nursing well children.

A somewhat similar plan has been developed by the private Society for Child Welfare. This Society has laid emphasis on the need of a more widespread understanding, on the part of mothers and nurses, of the proper care of the well child. It consists of about six hundred interested members, who pay dues and contribute gifts of money. The Society was founded in 1897 and is managed by a Board of Trustees. Dr. Fürstenberg, a children's specialist, is the leading spirit of the organization.

The home for babies, maintained by the Society, well situated at Kungsholmen in an open section of the city, was built in 1916, and is up to date in every respect as to scientific equipment. It has room for forty-three babies, five or six mothers who are nursing their infants, and twenty-four young women who remain in the house four months for a course in baby care. The unique feature of this Home is that only healthy infants are taken. The object of the society is in the main, to train young women as nurses for normal babies, or as capable prospective mothers. It is quite usual indeed, for young women who are engaged to be married, or who expect some day to be engaged to be married, to take this four months training in the Home. The girls pay 125 crowns a month for the course, and the infants, many of whom are sent in and paid for by the Poor Law Authorities, are charged at the rate of 3.50 crowns a day. The cost to run the house is 300 crowns a day. Dr. Fürstenberg acts as non-resident supervisor of the home, and teacher of the young women. A head nurse is in charge of the household arrangements and oversees this part of the students' training.

The social significance of this exemplary little private institution is its independent position as a criterion for the most scinetific methods of care for the well baby. It is essentially practical.

"An institution remarkable of its kind is the "Little Ones Home," opened in 1900. At present thirty-seven children are received into this refuge burdened with syphilis, and by the anxious attention bestowed upon them, it is hoped that they may be saved future suffering, prevented from propagating the complaint, and rescued for useful work in society. Thanks to Professor Edward Wellander, Sweden is here doing pioneer work

in this regard.*'' Profesor Wellander founded this Home and provided a capital fund from the interest of which it is today supported. The home located in Kungsholmen near the Home of the Society for Child Welfare, can accommodate fifty children who enter at four months of age, if a Wasserman test has proven positive, and remain until four years of age. During this period intensive treatment is given. All the children who have in the past left the home have been, temporarily at least, freed from the disease. One trained nurse and ten assistants do the work in the house.

The children are usually illegitimate, and at the end of their stay in the Home are, if not wanted by their mothers, taken over by the Poor Law Authorities. Children may enter the Home from any source whatsoever. They may be members of families of any degree of wealth, but usually are the offspring of Stockholm's less fortunate social element. Statistics for the Home as given in Stockholm's Report of the City Health Board for 1919 are:—

PATIENTS

Number of beds occupied at the beginning of year	46
Entered	16
Deaths	5
Days kept	13,047
Total cost in crowns	38,065.25

* * * * * * *

The Swedish institutions that have been described above have been selected as types of the work in maternity and infant care done by and for Stockholm's public. They have proven themselves, without exception, impressive in their character of individual efficiency and economy. There is one obvious criticism which the preceding study brings forth, namely, the decentralization of work done for children and infants. As suggested before, a foster-infant may be supervised by the Board for Child Welfare, inspected by the Board of Health, and in receipt of relief from the Poor Law Board, in which case it is obviously possible that much overlapping of effort, and conflict of authority could occur. The responsibility rests in three departments with the consequent danger of waste and missed cases that is difficult to avoid in such a system. That such has not been more conspicuously the case is due to the honesty and

* By M. Blumental in Guinchard's, "Sweden, Land, and People."

care of the officials in charge of Stockholm's public work. The lack, moreover, of centralized authority and responsibility, is recognized by those prominent in public social office in Sweden. To remedy the condition a Royal Commission has been at work and their report, which was due to appear in the spring of 1921, will recommend important changes, the crux of which will rest in making the Board for Child Welfare the central and supreme authority for the public care of needy children. The work done by the Department of Education for the relief of public school children will run parallel to this converted Board of Child Welfare. The change cannot be wrought before 1923, but at that time those interested may find the condition worthy of study.

The problem in Berlin is its vastness, and with the present complications of limited public and private funds, plus extreme hardship for those of insufficient income, the problem is even more difficult than ordinarily.

One of the most encouraging signs in Berlin is that the Poor Law Board exists no more, and in action its successor, as far as concerns the work for mothers and infants, is concerned in a co-operative capacity. This condition eliminates the factor that tends most to divide and decentralize the present work in Sweden. Furthermore, the supervision of the Board of Health is so designed as not to overlap the province of the Department for the Welfare of Children.

A marked characteristic of the work in Berlin is that it is distinctly of an educational or constructive nature. Pre-natal clinics, propaganda for proper care during pregnancy, confinement, and through the nursing period, the concentrated responsibility for foster children, and the National Mothers' Pensions, indicate the fact that Berlin has long since distinguished between "Relief," and that which is decidedly "Treatment and Cure."

The concept of one central agency dealing with all needy children has been planned admirably in the Berlin Department for the Welfare of Children.

The successful carrying out of a policy of extensive public service depends in large measure upon the efficient and economical utilization of the resources at hand, by State and Municipal governments. And as one travels between institution, and supervising authority, one is impressed in Germany and Sweden with the honest use of public funds; workmanlike offices

for the fewest possible officials. Everywhere there is evidence of a strict economy in overhead with a corresponding benefit to the institutions. The public money is invested obviously in expenditures of real, not doubtful value.

NOTE

For a satisfactory and comprehensive bibliography on the subject of Maternity and Infant Care, see "Bibliography on the Care and Feeding of Infants and Children," issued by the Bureau of Child Hygiene of the New Jersey State Department of Health.

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